PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 09/8/1/995												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL	/	ب	OTHE	R THAN L ENTITY
TOTAL CLAIMS							1	RATE	FEE	٣	RATE	FEE
F	OR		NUMBER FILED		. NUM	NUMBER EXTRA		BASIC FI		٠,		+
ī	OTAL CHARGE	ABLE CLAIMS	29 m	2 9 minus 20=				X\$ 25	_	0.5		-
IN	DEPENDENT C	LAIMS	3 minus 3 =		•			X100=	+	- 1	-	
M	ATIPLE DEPE	NOENT CLAIM						+		A2003	 	
* If the difference in column 1 is less than zero, enter *0* in column 2										<u></u>		
CLAIMS AS AMENDED - BART II												
(Column 1) (Column 2) (Column 3) SI									ENTITY	OR		i than Entity
AMENDMENTA		CLAIMS REMARKING AFTER AMENDMENT		HIGHE MUNIS PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE]	PATE	ADDI- TIONAL FEE
NON	Total	. 21	Minus	- 2	9	o .		X\$ 25•		ORI	X\$50=	
AME	independent	• 3	Minus	3	**	۰		X100=		OR	X200=	
<u>.</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+360=	
•		•		•			L	+180=	-	OR	YOYAL	-
_		(Column 1)		(Colum		(Column 3)	. •	DOIT. FEE		.	addit. Fee	<u> </u>
ENT B		CLAIMS REMAINING AFTER AMENOMENT		HIGHE NUMBI PREVIOU PAID F	EA JSLY	PRESENT EXTRA		FLATE	ADDI- TIONAL FEE		PATE	ADDI- TIONAL FEE
AMENOMENT	Total .	. 19	Minus ·	- A		2	Γ	X\$ 25=		OR	X\$50-	7.66
	Independent	• 3	Minus	- 3		•		X100=		es	X200=	
THE THE SENTATION OF MULTIPLE DEPENDENT CLAIM												
		L	TOTAL		OR RO	TOTAL						
		(Column 1)		. {Column	2)	(Column 3)	Æ	XDIT, FEE (· · ·	,0 ,	NDOIT. FEEL	
	•	CLAIMS REMAINING APTER AMENOMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	ſ	RATE:	ADDI- TIONAL	[RATE	ADDI- JIONAL
	Total	. 19	Minus	- 19			ŀ,	75 75	FEE	1		FEE
5 L	Independent	• 3	Minus	~ 3		•	-	C\$ 25=	-/1	OA	X\$50≈	
`	FIRST PRESER	ENDENT CLAIM			F	(100=	\leftarrow	OR	X200=			
. If the entry in column 1 to less than the entry in column 2, write 'V' in column 3.												
_	the Highest Nur	ider Previously Pal ider Previously Pul	o for Di This M For IN This	S SPACE IS IS	rest tren	20, enter '20."		. TOTAL DIT. FEE		OR A	TOTAL DOT. FEE	
n	na 'Highest feunt	per Previously Paid	For (Total or	Independent	b the t	lighest number	lound	pu ine eth	robriate pai	b) code	rton.1.	

FORM PTO-679 (Rov. 1000)